

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 10
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee EDDIE FACEY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015 </div>	
Mailing Address 7794 RIVER MIST COURT			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 125.06 </div>	
City LAS VEGAS	State NV	Zip Code 89113	Transaction ID : SE24.1267 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015 </div>	
Purpose of Expenditure BROCHURES		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 004 </div>		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 62530.77 </div>				

Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015 </div>	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 479.10 </div>	
City MC LEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1269 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015 </div>	
Purpose of Expenditure FULLFILLMENT ITEMS - MAGNETS		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 004 </div>		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 3195356.80 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 604.16 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 604.16 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1269

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$9.39 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 8368.91		
City MC LEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1272		
Purpose of Expenditure AGENCY FEES - CONSULTING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		3203725.71	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DILLY PRINT SHOP [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015		
Mailing Address 935 DILLINGHAM BLVD			Amount 125.06		
City HONOLULU	State HI	Zip Code 96817	Transaction ID : SE24.1268		
Purpose of Expenditure BROCHURES		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		62530.77	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8368.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 09 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1272

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$164.10 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 390.04		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1273		
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 3204115.75			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 4248.29		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1274		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 3208364.04			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4638.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 09 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1273

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$7.65 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1274

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$83.30 has been allocated equally to each of the remaining schedule primary elections.

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(Schedule E)PAGE 7 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OMEGA LIST COMPANY			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015		
Mailing Address 1420 SPRING HILL SUITE 490			Amount 25874.02		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1275		
Purpose of Expenditure LIST RENTAL EXPENSES		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 3234238.06			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee TRI STATE ENVELOPE CORP.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015		
Mailing Address 6900 FAIGLE ROAD			Amount 1728.01		
City BELTSVILLE	State MD	Zip Code 20705-1313	Transaction ID : SE24.1270		
Purpose of Expenditure PRINTING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 3235966.07			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27602.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 09 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1275

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$507.33 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1270

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$33.88 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ZIP MAILING SERVICES, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015	
Mailing Address 6304 SHERIFF RD. STE Z		Amount 52600.00	
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.1271
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 3288566.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 09 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1271

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1,031.37 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID: